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08/06/2004

Burton A. Amernick Connolly Bove Lodge & Hutz P.O. Box 19088 Washington, DC 20036-3425

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(Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/902,727	07/12/2001	Arpan P. Mahorowala	YOR92000064US1	9512

TITLE OF INVENTION: LATERAL-ONLY PHOTORESIST TRIMMING FOR SUB-80 NM GATE STACK

APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE TOTAL F		E(S) DUE	DATE DUE
nonprovisional	NO	\$1330		\$300		30	11/08/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
NOVACE	NOVACEK, CHRISTY L			438-950000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			 For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 			1 Connolly Bove Lodge & Hutz LLP 2 Daniel P. Morris, Esq. 3	
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.							
☑ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

International Business Machines Corporation

Armonk, New York

Please check the appropriate assignee category or categories (will not b	e printed on the patent);	individual individual	☑ corporation or other private group entity	☐ government		
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
⊠ Issue Fee	☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number					
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		,	. 1	and above		

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